

HICKORY ENVIRONMENTAL CENTER PERMISSION FORM

Student's Name: _____ Nick Name _____ Male Female

School (2020-21) _____ Birth Date: _____

Address: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone: Home _____ Work _____ Cell _____

Emergency Contact: _____ Telephone: _____

Family Physician: _____ Telephone: _____

In the event that I am unable to be contacted, the following people are allowed to pick up my child from Hickory. Please feel free to use the back of this form if you need more space. Make sure that the people you list have transportation and are willing to take responsibility for your child.

Name _____ Telephone: _____

In case of a medical emergency, in the event I cannot be reached, I understand that hospitals require parental permission before treatment. I hereby give consent to a representative of Hickory Environmental Center to secure proper medical treatment. Preferred Hospital: _____

If for any reason my child is required to leave camp earlier than the scheduled end time, I agree to arrange personal transportation to and from Hickory. Hickory staff reserves the right to send campers home early as a disciplinary measure.

Parent/Legal Guardians' Signature: _____ Date: _____

My child will be taking the following medications while at Hickory: _____

Medication is NOT stocked at Hickory. NO medication (prescription or over the counter) may be given without a completed Medication Form that is signed by an authorized health care provider. Medication is given in accordance with the Garrett County Board of Education's Medication Administration Policy. All medication should be sent in the original container. Only send enough medication for the time your child is at Hickory. Please make sure that medications including inhalers and Epi-Pens have not expired, or will not expire during the time your child is at Hickory. **DO NOT SEND ANY MEDICATION WITHOUT A COMPLETED MEDICATION FORM THAT HAS BEEN SIGNED BY THE PRESCRIBER. MEDICATION FORMS CAN BE OBTAINED AT YOUR CHILD'S SCHOOL OR AT www.garrettcounty schools.org BY CLICKING ON PARENT AND THEN SCHOOL HEALTH. THE NURSE AT YOUR CHILD'S SCHOOL WILL BE HAPPY TO ANSWER ANY QUESTIONS REGARDING MEDICATION OR PLANNING TO MEET YOUR CHILD'S SPECIAL NEEDS. A MEDICATION FORM IS ATTACHED FOR YOUR CONVENIENCE.**

____ My child has no known allergies.

____ My child is allergic to _____ (medications, foods, insect bites, other)

Type of Reaction: _____

____ My child has no special dietary requirements and/or other special conditions.

____ My child has special dietary requirements and/or other special conditions as listed below:

HICKORY DOES APPLY THE FOLLOWING AS COMFORT MEASURES

I would like the following available to my child. (Please check)

Yes ___ No ___ Sunscreen\Lotion Yes ___ No ___ Aloe Vera Gel Yes ___ No ___ Calamine Lotion

____ Check here if you do not want your child's picture to be used on bulletin boards, websites, etc.